

**Certification of Compliance and Affidavit by
Non-Participating Manufacturer Regarding Escrow Payment****Part 1: Manufacturer's Identification**

Name: _____
Address: _____
Phone: _____ Fax: _____

Part 2: Sales Year

The Year of Sales for this Affidavit is: *(Complete a separate certification for each year of sales)* _____

Part 3: Units Sold

Number of individual cigarettes, including "roll-your-own" tobacco, sold by the Manufacturer identified above during the sales year is as follows: _____

(Report unit sales for each and every brand sold in California in the sales year-Complete and attach Cigarette Brand Unit sales Schedule 1.)

Part 4: Calculation Summary and Deposit Information

For the sales year: *(Use the rates listed below to figure the appropriate deposit amount)*

2000 - The rate per cigarette is	0.0104712
2001 - 2002 - The rate per cigarette is	0.0136125
2003 - 2006 - The rate per cigarette is	0.0167539
2007 and thereafter - The rate per cigarette is	0.0188482

The appropriate rate for the sales year is _____

Subtotal *(Multiply units in Part 3 by the appropriate rate in Part 4)* \$ _____

The Inflation Adjustment according to Exhibit C* of MSA is \$ _____

This is the amount that has been paid into the qualified Escrow Account by the Manufacturer identified above: Total \$ _____

Note: Attach a copy of your inflation adjustment calculation and your receipt or other proof of deposit from your financial institution. **See instructions and attached copy of Exhibit C to the MSA.*

Part 5: Financial Institution

Name of Institution: _____
Address: _____
Escrow Acct No: _____
Total Amt Held: _____

Part 6: Notarized Signature

Under penalty of perjury, I state that, to the best knowledge, all of the information contained in this affidavit is true and accurate. *This document must also be signed and dated by an authorized notary public.*

Name of Authorized Agent: _____ Title: _____

Signature of Authorized Agent: _____ Date: _____

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____ City of _____
My Commission expires: _____

Mail this affidavit to:

**Office of the Attorney General
Attn: William F. Soo Hoo, Deputy Attorney General
Tobacco Litigation and Enforcement Section
P.O. Box 944255
Sacramento, CA 94244-2550**